DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1947

Registration District No. 244

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14626

Primary Registration District No. 3056

Registrar's No. 114

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 519 Bertley
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88

(c) City or town Moberly 6
(If outside city or town limits, write "RURAL")

(d) Street No. 519 Bertley 3
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Myrtle B. Evans

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Nov (Month) 22 (Day) 1871 (Year)

8. AGE: Years 75 Months 4 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Mo (State or foreign country)

10. Usual occupation At home

11. Industry or business .....

FATHER
12. Name George Thomas
13. Birthplace ..... (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Alice Galle
15. Birthplace ..... (City, town, or county) Md. (State or foreign country)

16. (a) Informant Mrs Kemper Hulen
(b) Address Moberly Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 5 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Richmond Mo

18. (a) Signature of funeral director Mohawand Saw
(b) Address Moberly Mo

19. (a) 5-5-47 (Date received local registrar) (b) Leah Williams Dunn (Registrar's signature) 7/64

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th year 1947 hour 5 minute 30 a M.

21. I hereby certify that I attended the deceased from May 2, 1947, to May 5, 1947; that I last saw her alive on May 4, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Coronary THROMBOSIS	3 days
Due to Chronic Arteria-sclerosis	years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Henry K Baker (M. D. or other) MD

Address 208 1/2 N. 4th Street Date signed May 6 47

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 20 1947

RECEIVED
District Health Officer No. 1
District File Number 5-47-82
Date Filed MAY 12 1947

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Frank D DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.